

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/868950**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		2					53						
4		(1)					54						
5		(1)					55						
6		(1)					56						
7		(1)					57						
8		(1)					58						
9		(3)					59						
10		(2)					60						
11		(1)					61						
12	1						62						
13	1						63						
14		2					64						
15		(1)					65						
16		(1)					66						
17		(1)					67						
18		(1)					68						
19		(1)					69						
20		(4)					70						
21		(1.1)					71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
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33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.		19					TOTAL DEP.						
TOTAL CLAIMS	23						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS